Somerville Cares About Prevention (SCAP) Membership Information

Office Use: ID _____

Date:	•			
Name: Last:	First	First		
Contact Information: S	Street	City		
State	Zip code			
Phone:		Email:		
1. Are you currently	a resident of Somerville?	☐ No		
2. Would you like to	receive information about SCAP by	vemail? Yes No		
3. What is your age?				
9 or under 10-12 13-15	☐ 16-18 ☐ 19-21 ☐ 22-59 ☐ 60 and older	4. Are you: Female	☐ Male	
	re drawn from many different comm nt you offer to the coalition: Check		e community groups	
Youth	☐ Business Community	Healthcare Professionals		
Parents	☐ Media	☐ Youth serving organization	ons	
☐ Schools	Law enforcement	State, local and governme	nt agencies	
☐ Faith community	Community based orga	Community based organizations		
Recovery commun	nity Substance abuse preve	☐ Substance abuse prevention provider		
☐ Sports team coach ☐ Substance abuse treatment provider ☐ Other (<i>Please specify</i>)		specify)		
6. What is the prima	ry language you speak at home?			
☐ English	Haitian Creole			
☐ Spanish	Portuguese			

Other language (*Please specify*)

7. How would you descri	be your race/ethnicity? Che	ck as many as apply.
White	Black	
Latino	Asian	
☐ Native American	Other (Please specify)	
8. Number of people who	o live in your household:	
9. Please check the box is	n which the combined gross	annual income of your household falls:
Less than \$10,000	\$30,000 - \$49,000	\$70,000 or more
\$10,000 - \$29,000	\$50,000 - \$69,000	Choose not to answer
10. Do you require child	care to participate in SCAP	activities
During the day?	☐ Yes ☐ No	During the evening?
11. Which times of the de (Check as many as apply.)	ay would be most convenien	t for you to participate in SCAP activities or meetings?
Morning (9ar	m up to 12 noon)	
Afternoon (at	fter 12 noon up to 5pm)	
☐ Evening (aft	er 5pm)	